

MASTER INFORMATION:

***2020 OMIQHA
Summer Sunstation
June 13-14, 2020***



HORSE / OWNER INFORMATION

Name of Horse _____ Sex: S M G

Year Foaled _____ Horse Reg# _____

Owner _____ Address _____

City/State/Zip _____

OWNER NSBA# _____

NSBA Exp Date _____

Exhibitor A – (Circle) Youth Amateur Open Novice

Name: _____

AQHA# _____ EXP. _____

Birthday ___/___/___

NSBA# _____ EXP. _____

Address: _____

City/State/Zip: _____

Exhibitor B – (Circle) Youth Amateur Open Novice

Name: _____

AQHA# _____ EXP. _____

Birthday ___/___/___

NSBA# _____ EXP. _____

Address: _____

City/State/Zip: _____

Trainer or Stalled with _____

Stalls(extra) _____

OMIQHA membership _____

Tack split \$ _____

AQHA membership _____

Shavings (extra) _____

NSBA membership _____

Horses are entered at your own risk & are subject to AQHA rules, under which these classes will be conducted. In case of death, accident, injury or theft, to the exhibitor, their family, horses or property, no claims will be honored either against OMIQHA, The Champion Center or Clark County Fairgrounds.

SIGNATURE OF PARTICIPANT: _____

CELL PHONE of participant AT THE SHOW: _____

(In the event we have a question on your entries.

